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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								ess it displays a valid OMB control number Application or Docket Number			
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	APPLICATION AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY			OR	OR OTHER THAN		
L	FOR	NUMBER FILE	ED NU	NUMBER EXTRA		DATE (A)	T	٦			
	ASIC FEE 7 CFR 1.16(a), (b), or (c))				7	RATE (\$)	FEE (\$)	-	RATE (\$	4	FEE (\$)
- (3	EARCH FEE 7 CFR-1.18(k), (i), or (m))				1			-	ļ	-	
(3	KAMINATION FEE 7 CFR 1.16(0), (p), or (q)		-		-		 	-{	÷	-	
T(OTAL CLAIMS 7 CFR 1.16(i))	minus	20 -		-			4			
IN	DEPENDENT CLAIMS	minus		-	-{	X ≈		OR	х	=	
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FE		is \$250 (\$125 for	the application	ication size fee due].			
(3)	CFR 1.16(s))	additional 50 she 35 U.S.C. 41(a)(eels or fraction	therant Con							
MU	ILTIPLE DEPENDENT C	LAIM PRESENT (37	CFR 1.16(j))					1		- -	
-* If	* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		1	TOTAL		<u></u>
APPLICATION AS AMENDED - PART II								_	TOTAL	L	-
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	CLAIMS LIBOURN				1 r	SMALL	ENTITY	UK 1		LENT	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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